

Launching the CEDAW Implementation Map on women's health

Progress on the journey towards health and human rights for all women



Acknowledgements

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Foreword

The pandemic has made existing inequalities for women and girls, as well as discrimination of other marginalised groups, such as people with disabilities and those in extreme poverty, worse. It risks impeding the realisation of human rights for women and girls.

It has also created a financially constrained environment, but also one in which researchers and policymakers can make a meaningful change and create a new opportunity for our community locally and globally. The CEDAW Implementation Map is an example of a human rights voice that signifies the need for change.

Natasha Stott Despoja AO

Member, UN Committee on the Elimination of Discrimination Against Women
Chair, Our Watch



Executive Summary

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Implementation Map is a unique tool that measures the implementation of UN CEDAW Committee recommendations on health by governments. It does this by collating all health-related recommendations and determining the nature, scope and extent of their implementation, as reported by participating governments. The Map enables us to tell a story of regional progress in implementing health-related human rights for women. It uses the diversity of health and human rights issues affecting women to expand traditional conceptualisations of women's health, which have largely focused on sexual and reproductive health to the exclusion of other aspects of women's lives through the life course. Further, the Map identifies the areas in which governments are failing to act, including collecting data on the drivers of violence against women, developing gender-equal laws and improving access to health care for underserved women.

This report presents the findings of the Implementation Map in the Asia-Pacific region. It presents evidence on how governments are acting or failing to act in implementing their CEDAW obligations to alleviate health inequities experienced by women. In addition, by highlighting policy and program models from across the region, it also provides a framework for designing interventions to address discrimination against women as it relates to health. We envision the Map as a tool that women's rights advocates can use to hold governments to account, particularly where government action is inadequate, poorly funded or unacceptable to the affected women.

We also foresee this work providing the CEDAW Committee, governments, human rights advocates and global health researchers with examples of laws, policies and programs that can act as a guide for designing effective legislation in other countries, as well as an up-to-date analysis of the strengths, weaknesses and implementation gaps specific to the Asia-Pacific region.

The Map covers the following health-related women's rights: i) access to quality health care facilities; (ii) to seek, receive and impart health information; (iii) decide freely on whether to have children, and if so, when and how many; and (iv) to access the information, education and resources needed to exercise these rights. It describes in detail the pathways through which governments have addressed health inequities in women, including through women's leadership and participation; data collection; health systems strengthening; governance and coordination; and establishing human rights infrastructure.

The Implementation Map is now being expanded to every region of the world.

Dr Janani Shanthosh

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Key findings

These findings come at a crucial time. The COVID-19 pandemic, and government and corporate responses to it, have regressively impacted gender equality worldwide. Urgent and effective action is needed to address poorly designed laws, policies and programs that increase women's vulnerability during the pandemic in the Asia-Pacific region, home to 60% of the world's population and two billion women and girls.

OUR RESEARCH REVEALS:

- As of 2019, 30% of countries in the Asia-Pacific region are experiencing an ongoing humanitarian crisis based on the INFORM Index for Risk Management. These countries collectively received 194 health-related recommendations from the CEDAW Committee and fully implemented 40% compared to 34% in countries not experiencing a crisis. Countries not experiencing a crisis were more likely to refuse to implement recommendations and did so for 13% of recommendations, compared to 6% in crisis countries.
- All economic groups achieved similar levels of implementation of CEDAW recommendations: low-income (41%), lower middle-income (35%), upper middle-income (40%) and high-income (31%).
- Despite having ratified CEDAW, 61% of recommendations were either unacknowledged or not implemented. Areas where governments across the region are failing to act in response to the CEDAW recommendations include: law reform (23% were unacknowledged or not implemented) across a range of issues including violence against women, access to health care, developing gender equal laws and protecting women's sexual and reproductive health rights; access to justice (19%); health system strengthening (11%); awareness campaigns (9%); and data collection (8%).
- The highest proportion of the CEDAW Committee's 600+ health-related recommendations fell into the following categories: legislative and policy change (26%), followed by health system strengthening (15%), awareness campaigns (15%), data collection (11%) and capacity building (9%).
- Countries in the Asia-Pacific region that have ratified CEDAW are highly engaged with CEDAW Committee reviews as a platform for action on gender equality. Six (86%) high-income countries and 24 (77%) low- and middle-income countries have completed two or more CEDAW reviews.
- A total of 606 CEDAW Committee recommendations were delivered to 30 countries in the Asia-Pacific region during the last round of review.
- The 30 countries reviewed in this study received an average of 20 health-related recommendations each from the CEDAW Committee over the period 2005-2013. These included a wide variety of recommendations,



ranging from urging the government to provide adequate assistance and protection to Māori and migrant survivors of gender-based violence in New Zealand, to the establishment of an Inter-Provincial Ministerial Group to harmonise gender equality policies and legislation across Pakistan.

- Civil society organisations submitting shadow reports to the CEDAW review process shared concerns that programs and policies implemented in response to Committee recommendations sometimes failed to promote women’s empowerment and agency, needed to be adequately resourced, and incorporate the needs of women who might be subject to intersectional, multiple or cumulative discrimination. For example, women who are migrants, live rurally and are from low socio-economic groups may experience disadvantages associated with all three stratifiers.

These findings come at a crucial time. The COVID-19 pandemic, and government and corporate responses to it, have regressively impacted gender equality worldwide. Urgent

and effective action is needed to address poorly designed laws, policies and programs that increase women’s vulnerability during the pandemic in the Asia-Pacific region, home to 60% of the world’s population and two billion women and girls. The region is also one of the most disaster-prone areas globally, with 10 of the world’s 15 countries most at-risk of disaster, further compounding the risks posed to women during a pandemic and intensifying the need for strong legal infrastructure capable of withstanding emergencies.

CEDAW reviews have the potential to assist at-risk countries in effectively and expeditiously developing strategies to protect and advance women’s health. Thus far, they have resulted in a number of women’s health initiatives, including legislation criminalising violence, community programs providing health care, legal assistance and crisis accommodation, mandatory training of judges on gender-based violence, and establishing independent national human rights institutions to safeguard women’s rights – including health-related rights.

Building the CEDAW Implementation Map

The primary data sources for the CEDAW Implementation Map are reports submitted or produced by Member States, the CEDAW Committee and civil society organisations, as part of the periodic CEDAW review process.

This may include government reports, civil society organisation reports (often called shadow reports) and Concluding Observations containing the Committee's recommendations. Concluding Observations are the recommendations issued by the CEDAW Committee after consideration of a Member State's four-yearly progress report (State Report). Concluding Observations should be concrete, focused and implementable and provide a new 'baseline' against which future progress by governments can be measured.

As each Concluding Observation generally contains several actions (for example, the implementation of an awareness campaign, increasing the number of women's shelters and legislation to target gender-based violence), for our analysis, each Observation was separated into individual recommendations containing only one action.

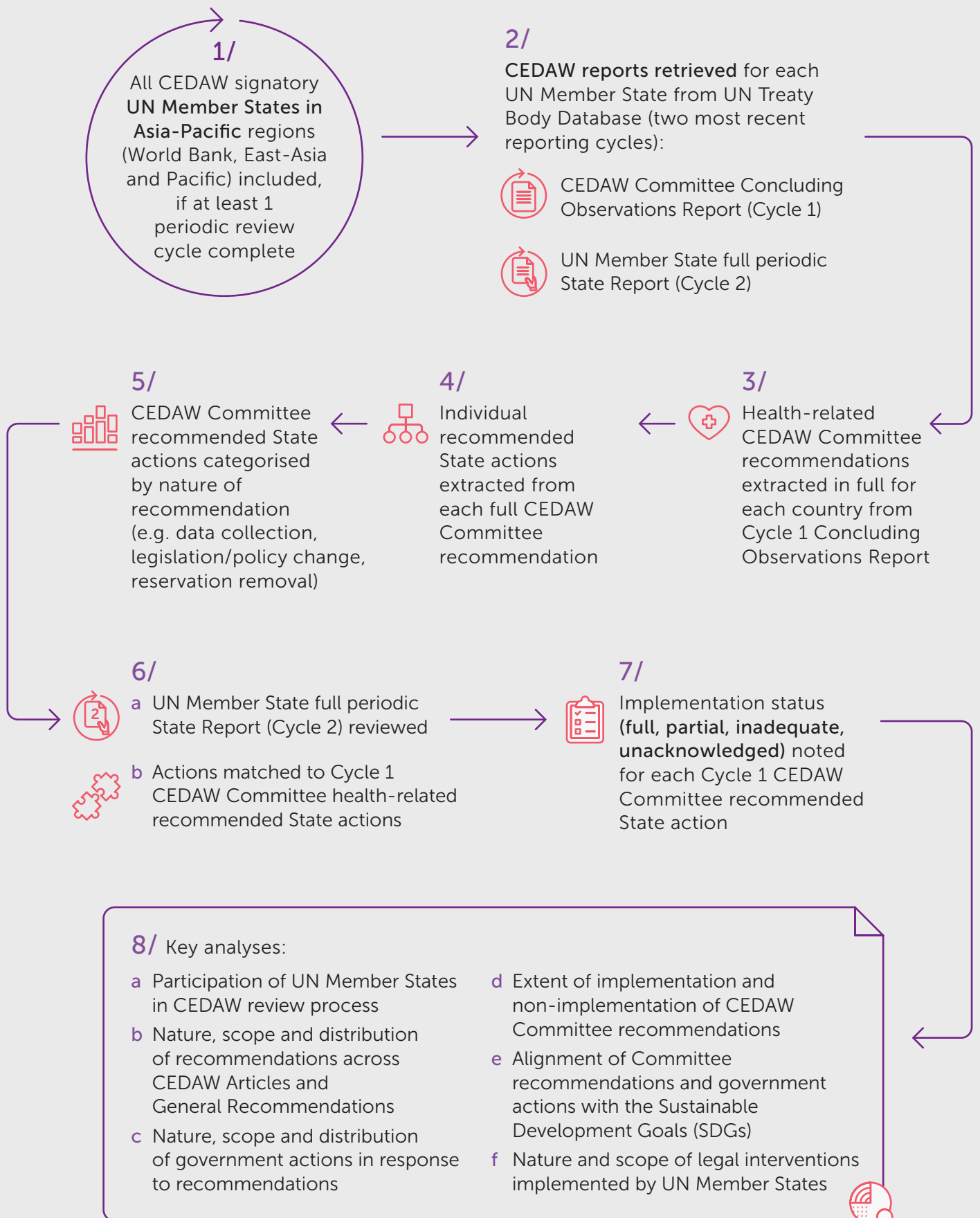
All reports were accessed in June 2019 from a publicly available central repository for UN reports called the UN Treaty Body Database, which is hosted by the UN Human Rights Office of the High Commissioner (OHCHR). In terms of government reporting, only full periodic government reports were reviewed (i.e. the progress reports produced by Member States at least once every four years). Lists of issues, responses to lists of issues and follow-up State Reports were excluded. A list of issues document includes themes or topics that guide and focus the dialogue between a UN Member State's delegation and the CEDAW Committee during the consideration of a State Report.

Thirty of the 37 countries in the Asia-Pacific region that have ratified CEDAW were included. These countries had received at least one set of Committee recommendations (referred to in this report as Cycle 1) and responded to them in the following cycle four years later (Cycle 2). The seven remaining countries - Brunei, Kiribati, Marshall Islands, Micronesia, Nauru, Papua New Guinea and Solomon Islands - had not yet completed two cycles.

To ensure the data collected were current, only data from the two most recent reporting cycles were reviewed: Cycle 2 is the year in which a country submits its most recent periodic State Report; and Cycle 1 is the year in which the previous Concluding Observations were published by the CEDAW Committee. These covered the period of 2015 to 2018 for the 30 countries.

Civil society organisation reports submitted by women's rights advocacy organisations and service providers were scanned for data relating to State actions mentioned in government reports. This information was then included in the analysis to provide alternative perspectives on the implemented initiatives. Finally, each Committee recommendation was linked to a related Sustainable Development Goal (SDG) using the Danish Institute for Human Rights' SDG Human Rights Data Explorer as a basis, which was then refined further to correspond to each individual recommendation.¹

Figure A: Building the CEDAW Implementation Map – summary of methods



Background

The United Nations (UN) Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has been celebrated as one of the most powerful tools for encouraging government action to eliminate violence against women globally.

CEDAW obliges UN Member States that have ratified the Convention to enact or modify domestic legislation and constitutions in accordance with the Convention, and covers all aspects of women's lives in which they are denied equality with men. As such, it can be used as a framework to identify multiple intersecting pathways through which gender inequality in health can occur (education, employment, within a marriage or relationship), and where women require legal protection and empowerment. Implementation of CEDAW relies on a complex process of individual governments reporting every four years to a global body of independent experts charged with monitoring implementation in each country (the CEDAW Committee). The Committee's core work is the review of these reports and providing governments with

recommendations for concrete actions to meet their CEDAW obligations.

Despite more than 40 years of CEDAW reviews, there has been no systematic assessment of the effectiveness of the CEDAW review system in motivating government action to implement recommendations aimed at improving women's health. Furthermore, due to the absence of a central body charged with comprehensively collecting health-related laws across the globe, the Committee lacks knowledge of the appropriateness, acceptability and impact of its recommendations, and governments lack access to an evidence base of effective legal interventions for improving women's health, along with appropriate guidance for implementation.

GENDER, HEALTH AND HUMAN RIGHTS

CEDAW offers a framework for a human rights approach to women's health. The Convention is unique in that it is exclusively concerned with promoting and protecting women's rights across a wide range of areas, including health. Furthermore, it acknowledges the global reality of patriarchy and the deep-rooted and multifaceted nature of global gender inequality. Gender inequality damages the physical and mental health of millions of girls and women

across the globe. Taking action to improve gender equity in health, and to address women's rights to health, is one of the most potent ways to reduce health inequities.² The interconnectedness of gender and health is well-established.³ Women's access to health services is influenced by social independence and gender differences in income, and a lack of access is often associated with poorer health outcomes.⁴

2 Chapman, A. 2010. The social determinants of health, health equity, and human rights. *Journal of Health and Human Rights* 12(2): 17-30.

3 Manandhar, M., Hawkes, S., Buse, K., Nosrati, E., Magar, . 2018. Gender, health and the 2030 agenda for sustainable development. *Bulletin of the World Health Organization* 96(9): 644-649.

4 Shannon, G., M. Jansen, K. 2019. Gender equality in science, medicine, and global health: where are we at and why does it matter? *The Lancet* 393(10171): 560-569.

4 World Health Organization (WHO). 2019. Breaking Barriers Towards More Gender-Responsive and Equitable Health Systems. <https://www.who.int/gender-equity-rights/knowledge/breaking-barriers-towards-more-gender-responsive-and-equitable-h/en/> (referenced 1 March 2021).

When it comes to nutrition, gendered norms and practices in food distribution often disadvantage girls and women.⁵ In relation to communicable diseases, there can be gendered patterns in exposure which make women more vulnerable. Gender norms can affect the uptake of services by women, and health systems may not take into account how unequal gender norms, roles and relations affect health.⁶ Furthermore, discrimination in healthcare settings can lead to gaps in coverage.⁷

The COVID-19 pandemic has had a regressive impact on gender equality and women's health and wellbeing globally.⁸ Women's isolation from their networks of support, job losses and financial insecurity, as well as increased caring

responsibilities, for both older family members and children, have increased their vulnerability to substance abuse, anxiety and intimate partner violence. These impacts have been compounded by various intersecting forms of discrimination that increase women's vulnerability to violence such as socioeconomic status, indigeneity, ethnicity, ability, sexual orientation, gender identity, minority status and age. Now more than ever, decision makers and advocates need best practice examples of initiatives that protect women's health and wellbeing throughout the pandemic and beyond. This Map facilitates such a process by identifying women's rights-based health interventions implemented across a range of higher and lower resourced settings.

5 UN Women. 2018. Turning promises into action: Gender equality in the 2030 Agenda for Sustainable Development. <https://www.unwomen.org/en/digital-library/publications/2018/2/gender-equality-in-the-2030-agenda-for-sustainable-development-2018> (referenced 1 March 2021).

6 Theobald, S., MacPherson E. E. 2017. 20 years of gender mainstreaming in health: lessons and reflections for the neglected tropical diseases community. *BMJ Global Health* 2(4).

7 World Health Organization (WHO). 2017. Joint United Nations statement on ending discrimination in health care settings. <https://www.unaids.org/en/resources/documents/2017/ending-discrimination-in-health-care-settings> (referenced 1 March 2021).

8 Plan International. Because We Matter: Addressing COVID-19 and Violence against Girls in Asia-Pacific. 2020. Available from <https://plan-international.org/publications/because-we-matter>.

INTERNATIONAL WOMEN'S RIGHTS AND THE SUSTAINABLE DEVELOPMENT GOALS

In recent years, there has been an increase in efforts to incorporate human rights-based approaches into gender and health policies and programs. This should come as no surprise, given that promoting and protecting human rights has been shown to be key to the effective delivery of quality health services and ensuring accountability. Adopted in 2015, the United Nations Sustainable Development Goals (SDGs) contain multiple objectives that relate to economic and social rights, and affirm principles of inclusivity, non-discrimination and accountability. These Goals, for example SDG 3 (good health and well-being) and SDG 5 (gender equality) are therefore designed to reflect human rights principles and standards, but importantly, use targets as a central technique to promote and monitor development.

Converting broad goals into concrete measurable objectives presents its own challenges. Quantifiable measures can restrict one's vision of gender equality. For example,

SDGs focus on the number of people in poverty, not the extent of inequality within or between countries. While the SDGs measure the overall status of a problem, they may fail to provide data on the drivers of that problem. For example, the SDGs measure maternal mortality rates, which provide evidence of a problem, but fail to address the factors that might remedy that problem, for example, the availability of emergency obstetric services.

Connecting UN CEDAW recommendations to the SDGs and following up on how they are implemented can provide a much more comprehensive picture of government action to progress the SDGs. It can also help to explain progress, or lack of progress, in achieving the SDGs or performing well against their targets. Perhaps most importantly, by mapping best practices around the world, governments can be provided with potential solutions in order to achieve the SDGs by 2030.

The CEDAW Implementation Map on Women's Health

International human rights scholars, practitioners and civil society organisations have offered rich perspectives on how, and why, the ratification of CEDAW should be expected to improve women's health, and how it has helped to develop global norms on women's health.

The CEDAW Implementation Map builds on the work of human rights practitioners, and the local and international organisations monitoring governments' compliance with treaties like CEDAW around the world. The Asia-Pacific findings of the Map provide a picture of the extent to which 30 UN Member States in the region are acting on recommendations.

WHAT THE MAP MEASURES

REACH This is the level of participation of Asia-Pacific governments in CEDAW Committee reviews by subregion, income level, and humanitarian crisis. Each UN Member State is allocated to one of three categories to reflect their participation: 1) no government reports have ever been submitted; 2) a government has not responded to recommendations following an earlier CEDAW review in a subsequent report; or 3) a government has responded to recommendations in a subsequent report following an earlier review.

SCOPE Using the CEDAW framework, the CEDAW Committee directs government action relating to health inequities across five domains and their corresponding CEDAW articles:

- i. on the ground experience of health care, including equal access to adequate health care facilities, health information, counselling and social support services;
- ii. legal protection of women's equal rights to health, which requires that no laws, policies or practices discriminate in term of access to health services;
- iii. equal rights to seek, receive and impart information;
- iv. equal rights to education; and
- v. equality in marriage and in family.





These five domains, and their corresponding CEDAW articles, have been identified by the World Health Organization as health-related.

OUTPUT These are the types of government action the CEDAW Committee is requesting, contained in the Concluding Observations issued to countries. We have grouped these actions into 15 categories which include: awareness campaigns, data collection, grassroots initiatives, health system strengthening, legislation and policy change, multilateral assistance, multisectoral collaboration, reservation removal, governance and coordination, women's leadership and participation, access to justice, policy and strategy development, resource investment and allocation, capacity building, and non-specific.

OUTCOMES This is the extent to which governments have implemented the Committee's recommendations and how they have contributed to the SDGs.

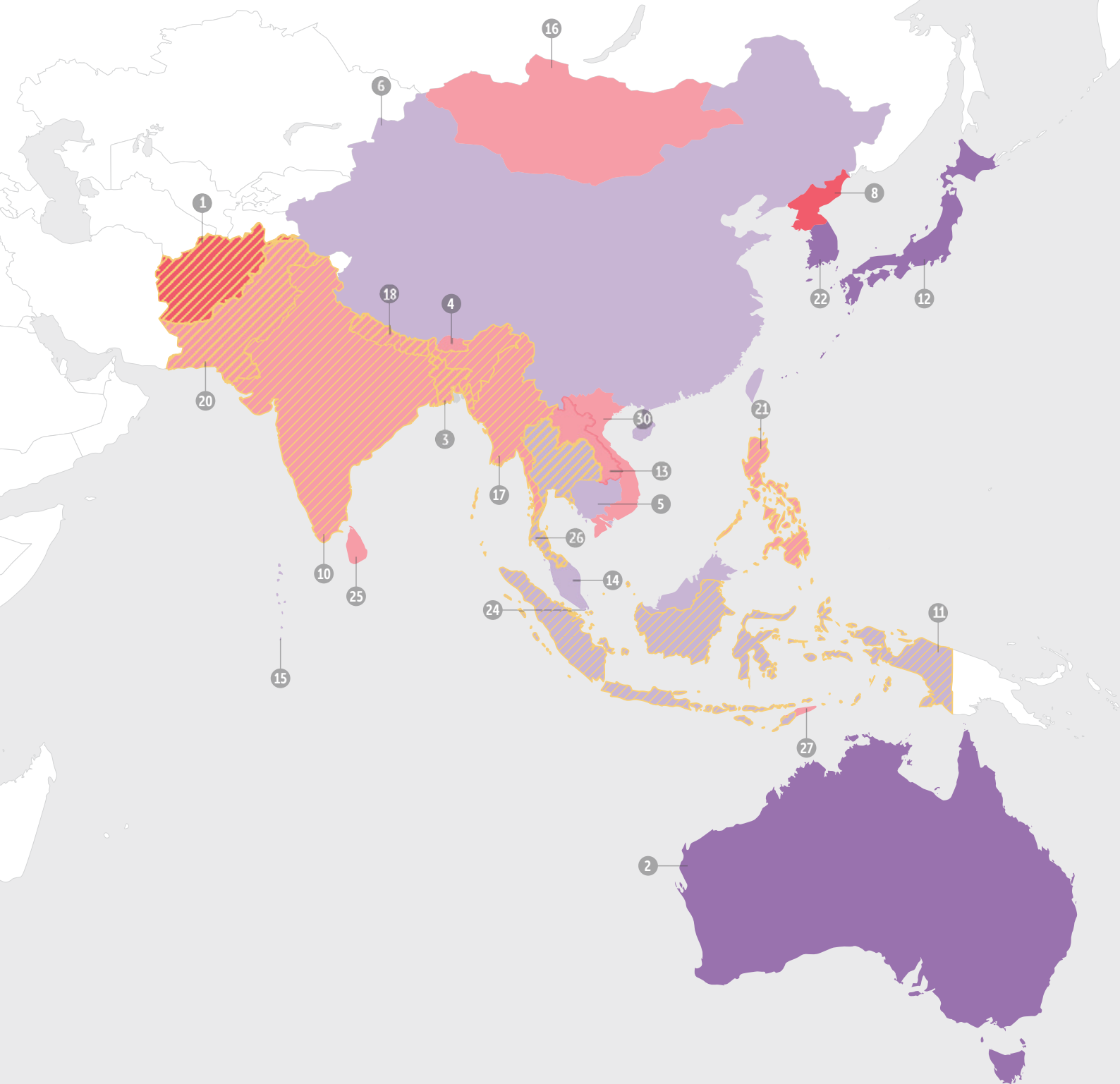
We measured implementation by scanning government reports for actions taken to address recommendations. We then allocated each recommendation into one of four categories:

1. Fully implemented: State responses adequately address every aspect of the CEDAW Committee's recommendation.
2. Partially implemented: State actions address only part of a multi-faceted recommendation.
3. Inadequate response: States have taken action on an issue but not the action prescribed by the CEDAW Committee's recommendation.
4. Unacknowledged: Recommendations are not addressed in the State Report at all.

We then mapped each action by governments to an SDG.

Each CEDAW review cycle, hundreds of non-governmental organisations and service providers send submissions on government actions to the CEDAW Committee. To get a clearer picture of how these actions are impacting women on the ground, we also analysed comments from civil society organisations on government actions by reviewing their submissions to the CEDAW Committee.

The CEDAW Implementation Map on Women's Health





INCOME STATUS

- High
- Upper middle
- Lower middle
- Low

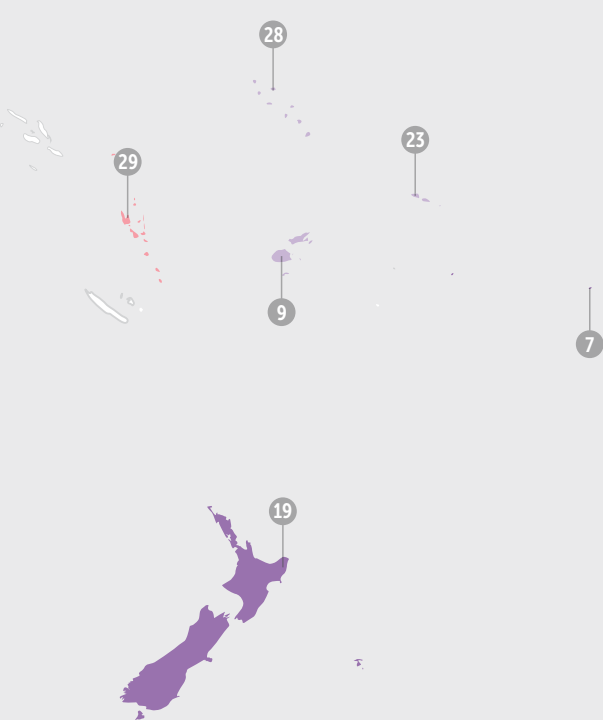
HUMANITARIAN CRISIS STATUS

- Yes

% CEDAW Committee recommendations implemented and partially implemented, by country

Implemented / Partially implemented

1 AFGHANISTAN	63% / 21%	11 INDONESIA	38% / 19%	21 PHILIPPINES	61% / 11%
2 AUSTRALIA	25% / 50%	12 JAPAN	36% / 20%	22 REPUBLIC OF KOREA	39% / 6%
3 BANGLADESH	40% / 25%	13 LAOS	36% / 18%	23 SAMOA	65% / 6%
4 BHUTAN	29% / 29%	14 MALAYSIA	38% / 25%	24 SINGAPORE	8% / -
5 CAMBODIA	71% / 18%	15 MALDIVES	29% / -	25 SRI LANKA	30% / 10%
6 CHINA	28% / 11%	16 MONGOLIA	39% / 9%	26 THAILAND	44% / 19%
7 COOK ISLANDS	36% / 7%	17 MYANMAR	34% / 21%	27 TIMOR-LESTE	43% / 9%
8 DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	26% / 22%	18 NEPAL	46% / 17%	28 TUVALU	29% / 12%
9 FIJI	29% / 13%	19 NEW ZEALAND	32% / 18%	29 VANUATU	18% / 14%
10 INDIA	14% / -	20 PAKISTAN	31% / 8%	30 VIETNAM	42% / -



An overview of the research findings

THE WAYS IN WHICH CEDAW RECOMMENDATIONS ARE DESIGNED CAN BE IMPROVED

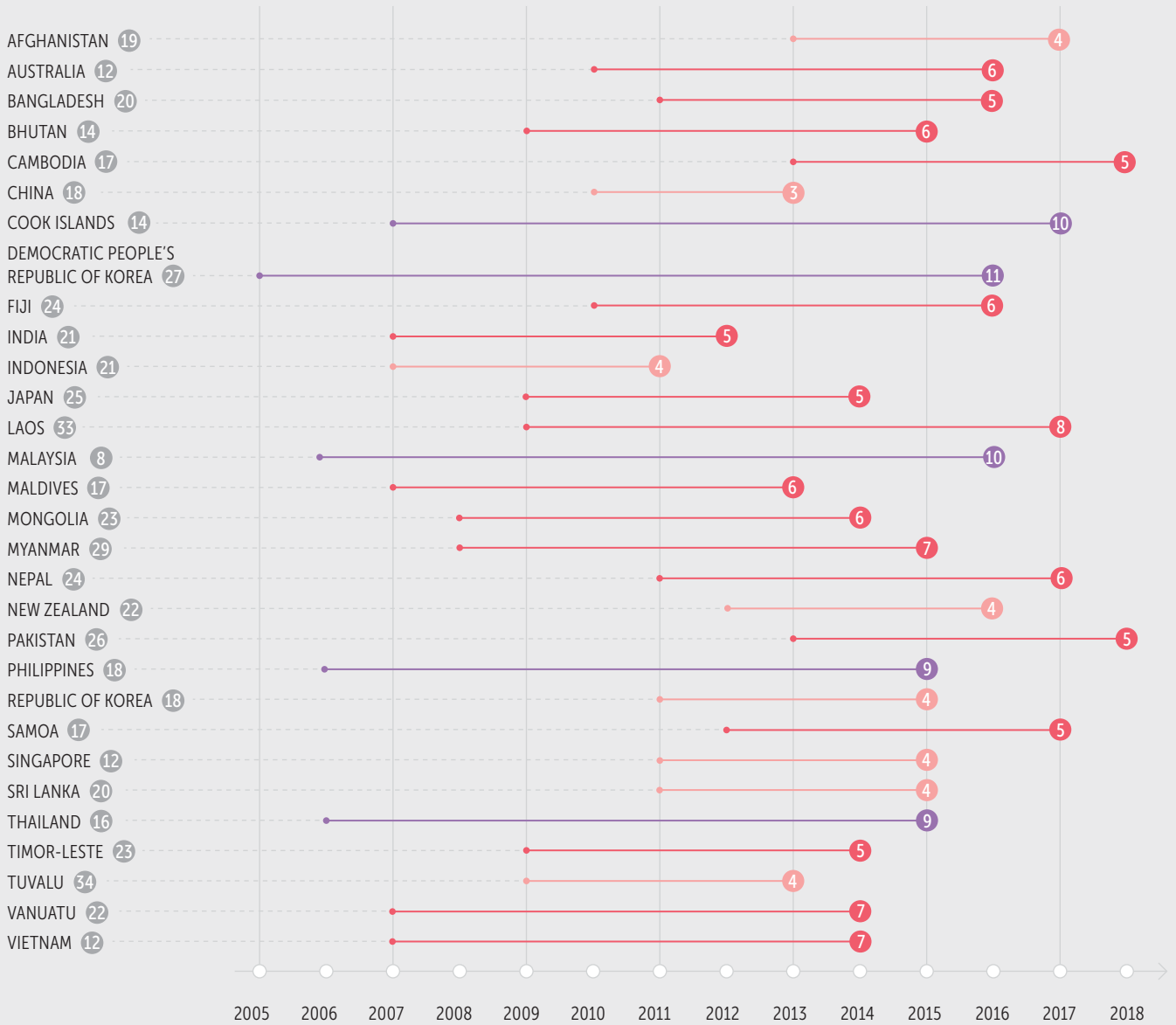
Our research reveals that only 2% of over 600 recommendations provided by the CEDAW Committee involved women's leadership and participation, and none of the Committee recommendations incorporated timeframes or benchmarks to enable accountability in the next review. The Committee does however highlight priority actions for countries to follow up in the years following their review.

THERE ARE REGION-WIDE AREAS FOR IMPROVEMENT

Furthermore, 34% of all actions recommended by the CEDAW Committee were unacknowledged by governments – this was an issue regardless of the category of action or economic group. High-income countries failed to acknowledge 40% of Committee recommended actions, while low-income 24%, lower middle-income 38% and upper middle-income 28% also failed to recognise a significant number of recommendations. In addition, there have been significant delays between receiving Committee recommendations and the submission of government reports on progress (Figure B).



Figure B: Time between receiving CEDAW Committee recommendations and reporting on progress



Time between receiving CEDAW Committee recommendations and reporting on progress

- N 4 years or less
- N 5-8 years
- N 9+ years
- N Number of recommendations by country

THE ASIA-PACIFIC REGION IS HIGHLY ENGAGED WITH CEDAW REVIEWS AS A PLATFORM FOR ACTION ON GENDER EQUALITY

Our research reveals high rates of participation across the Asia-Pacific region, with 86% of high-income countries (Australia, New Zealand, Japan, Singapore, Republic of Korea and Cook Islands) and 77% of low- and middle-income countries having completed two or more consecutive CEDAW cycles (Afghanistan, Bangladesh, Cambodia, Democratic Republic of Korea, Fiji, Laos, Malaysia, Samoa, Nepal, Pakistan, Bhutan, China, India, Indonesia, Maldives, Mongolia, Myanmar, Philippines, Sri Lanka, Thailand, Timor-Leste, Tuvalu, Vanuatu and Vietnam).

CEDAW reviews are a powerful platform for encouraging the implementation of legislation and policy, awareness campaigns, health system strengthening and capacity building programs.

The highest proportion (26%) of the CEDAW Committee’s 600+ recommendations fall into the category of legislative and policy change,

followed by health system strengthening (15%), awareness campaigns (15%), data collection (11%) and capacity building (9%) (Figure C).

Over two consecutive review cycles (Cycle 1 and Cycle 2):

- 26% of legislative and policy changes recommended by the CEDAW Committee were fully implemented in low- and middle-income countries compared with 24% implemented in high-income countries;
- 23% of health system strengthening initiatives recommended were implemented in low- and middle-income countries, compared to 25% in high income countries; and
- 44% of awareness campaigns recommended were implemented in low- and middle-income countries, compared to 53% in high income countries.

Figure C: Proportion of all CEDAW Committee recommendations, by category of action

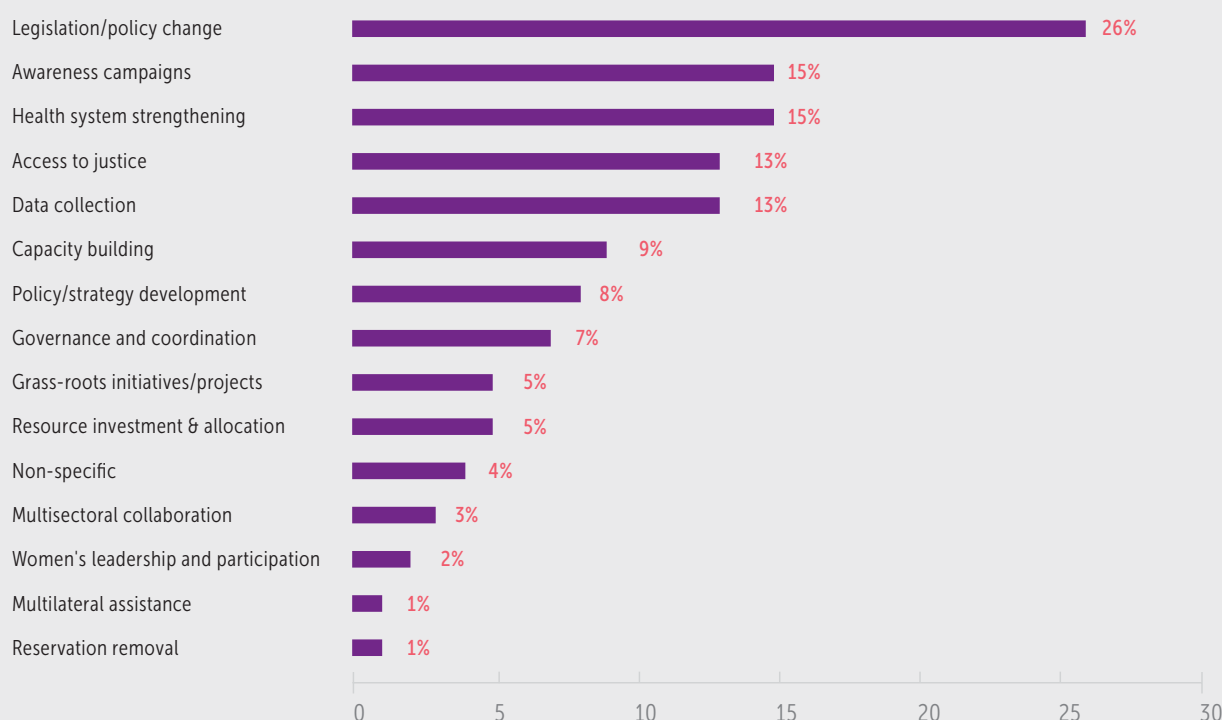
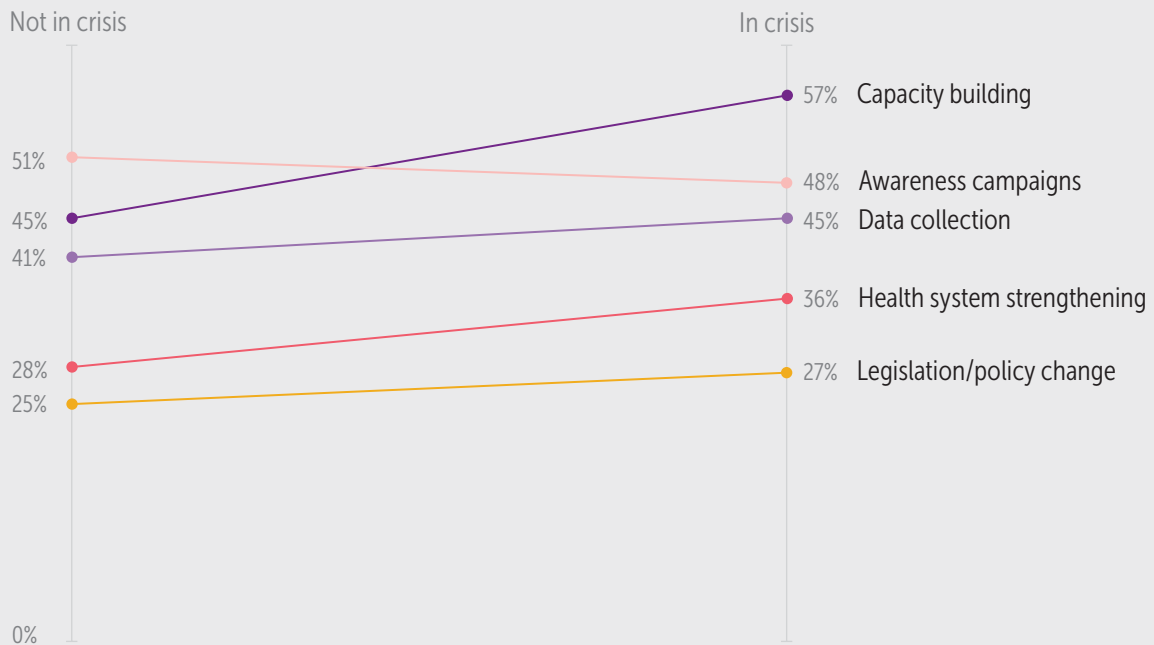


Figure D: Proportion of CEDAW Committee recommendations fully implemented in countries facing humanitarian crises and non-crisis countries, by category of action



COUNTRIES EXPERIENCING A HUMANITARIAN CRISIS ARE PERFORMING WELL

Based on the INFORM Index for Risk Management, as of 2019, 30% of countries in the Asia-Pacific region are experiencing an ongoing humanitarian crisis and yet have matched, or in some cases outperformed, higher resourced countries in addressing their CEDAW obligations, as well as countries that are not experiencing crises.

Countries experiencing a humanitarian crisis received 194 health-related recommendations and fully implemented 78 (40%). Countries not experiencing a crisis received 412 and fully implemented 142 (34%). Countries not experiencing a crisis failed to implement 13% of recommendations, while countries experiencing a crisis failed to implement 6%. Within the most predominant CEDAW recommendations categories, countries experiencing a crisis often outperformed those not in crisis (Figure D).

When analysed by economic group, low-income countries received 46 health-related recommendations, lower middle-income countries received 285, upper middle-income received 172 and high-income countries received 103 recommendations.

Low- and middle-income countries outperformed high-income countries: high-income countries implemented 31% of recommendations they had received, low-income countries implemented 41%, lower middle-income 35% and upper middle-income 40% (Figure E).

Within the top three major categories of recommendations, upper middle-income countries outperformed all other economic groups (Figure F).

Figure E: Proportion of CEDAW Committee recommendations fully implemented, by economic group

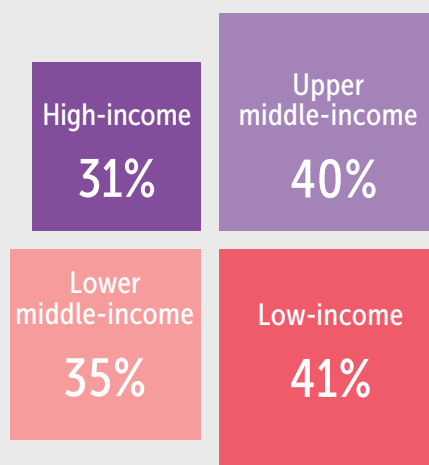
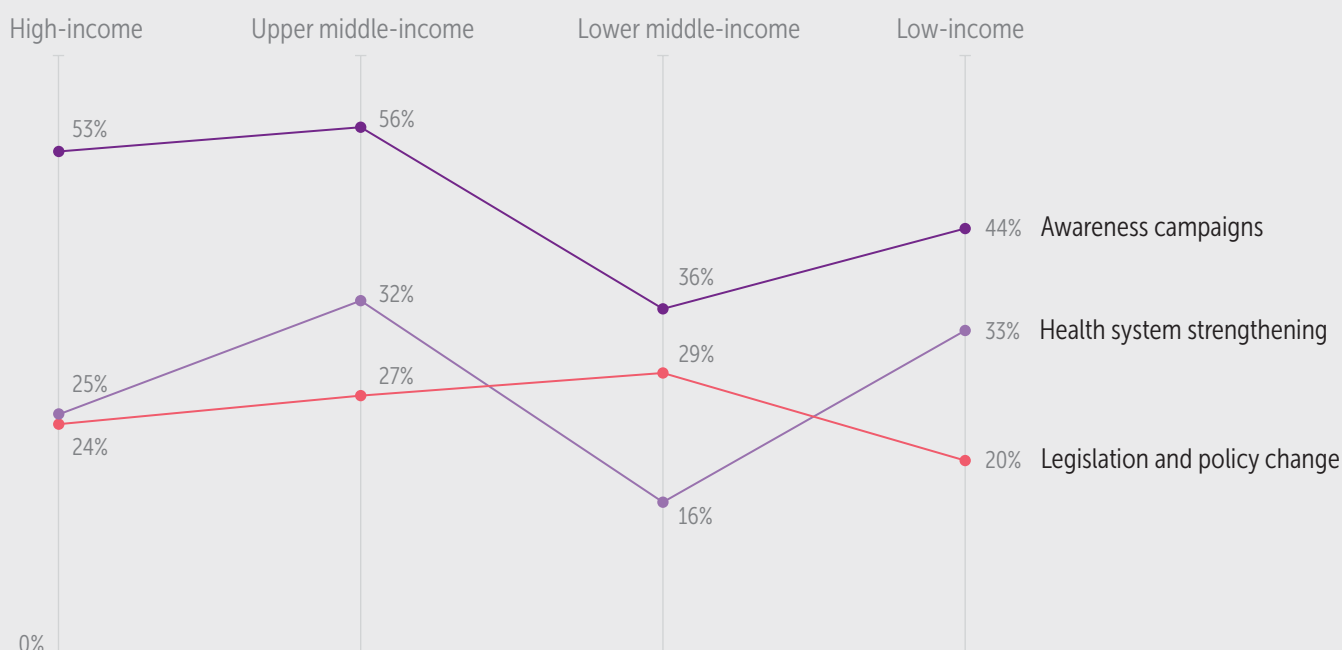


Figure F: Proportion of CEDAW Committee recommendations fully implemented, by economic group and category of action





CIVIL SOCIETY CONCERNS

Despite the introduction, scale-up and resourcing of programs, policies and legislation, civil society organisations, including service providers and women's rights advocates, raised concerns regarding the nature and extent of implementation. Below are some select examples of such concerns.

Promoting women's empowerment and agency

- Fiji: Violence against women campaigns, such as the Zero Tolerance Violence Free Communities in Fiji focus on mediation and reconciliation and neglect an appropriate focus on prosecution for violence as per domestic violence legislation.
- Sri Lanka: A programme by the Family Health Bureau to promote family planning and reproductive health education reinforces potentially harmful patriarchal definitions of family.

The need for adequate resourcing

- Laos: Family and Children's Service Centres in Laos serve to provide immediate means of redress and protection for women and girls who are victims of violence, but according to civil society, are severely under-resourced.
- Japan: According to civil society, a 24-hour hotline for domestic and sexual violence consultations was a one-time initiative for just seven weeks, and only paid private sector services are currently available, fuelling equity concerns.

Incorporating intersectionality

- Myanmar: Hospital-based 'One-Stop Crisis Management Centres' in Myanmar provide integrated health services such as medical services, legal advice and shelters, but most shelters provide only short-term relief, and are often inaccessible to women with disabilities.
- Thailand: Despite the enactment of the Gender Equality Act in 2015, the situation faced by lesbians, bisexual women, transgender and intersex persons in Thailand is characterised by invisibility and silencing and underscored by unreported cases of violence and abuse.
- China: Despite the scale-up of healthcare services in rural and migrant communities, many rural women do not access them due to a lack of sustained education and awareness programs.

Figure G: Examples of government action in response to CEDAW recommendations from 2005 to 2018 as reported by governments in reports to the CEDAW Committee

LEGISLATION/POLICY CHANGE

Australia

Legislation criminalising domestic violence

India

Legislation guaranteeing food security to underserved women



WOMEN'S LEADERSHIP AND PARTICIPATION

Bhutan

Drafting legislation to introduce a quota for women in elected offices including the parliament and local government bodies



POLICY/STRATEGY DEVELOPMENT

Laos

A national plan of action to prevent violence against women and children



MULTILATERAL ASSISTANCE

Laos

Coordinating with local and international organisations to improve women's health



DATA COLLECTION

Japan

National survey on violence between men and women conducted by the Cabinet Office



HEALTH SYSTEM STRENGTHENING

China

Nation-wide cervical cancer screening program



GRASS-ROOTS INITIATIVES

Bangladesh

Community-based programs providing health care, legal assistance and crisis accommodation for victims of violence



ACCESS TO JUSTICE

Samoa

Mandatory training for judges and prosecutors on gender-based violence



AWARENESS CAMPAIGNS

Tuvalu

Distribution of Tuvaluan translation of CEDAW to each Kaupule (island council), participants in gender workshop trainings, and women at the community level



GOVERNANCE AND COORDINATION

Pakistan

Establishment of an Inter Provincial Ministerial Group to harmonise gender equality laws and policies across all provinces



RESOURCE INVESTMENT AND ALLOCATION

Afghanistan

Increasing the number of women's support centres and establishing special prosecution offices for eliminating violence against women



RESERVATION REMOVAL

Malaysia

Withdrawing Malaysia's reservation articles 5(a) of CEDAW which obliges states to eliminate cultural and traditional practices perpetuating discrimination and gender stereotypes, meaning Malaysia will now comply with this obligation



MULTISECTORAL COLLABORATION

Vanuatu

Expanding the dialogue among public bodies, civil society and academia to develop a shared understanding of equality



CAPACITY BUILDING

Vietnam

Scaling up training of midwives to provide reproductive health care to mothers in disadvantaged or ethnic minority areas





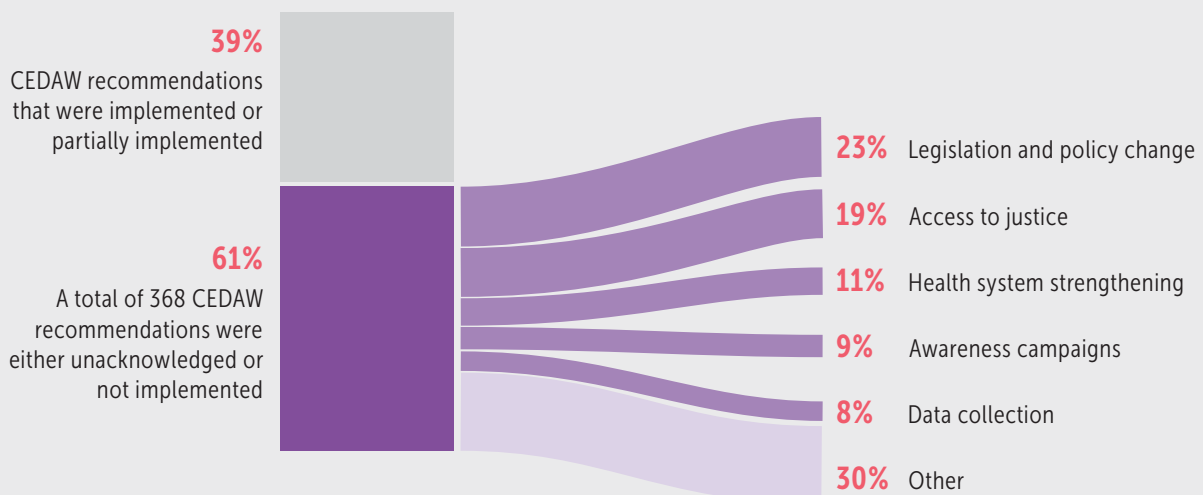
RECOMMENDATIONS NOT IMPLEMENTED OR UNACKNOWLEDGED

A total of 368 (61%) CEDAW recommendations were either unacknowledged or not implemented. The greatest proportion of these fell into the following categories: legislation and policy change (86 or 23%), access to justice (71 or 19%), health system strengthening (40 or 11%), awareness campaigns (32 or 9%) and data collection (8%) (Figure H).

The examples below describe initiatives recommended by the CEDAW Committee that countries did not implement:

- **Legislation and policy change**
Example: Reform legislation criminalising abortion in order to remove punitive provisions.
- **Data collection**
Example: Conduct research on the prevalence, causes and consequences of violence against women.
- **Health system strengthening**
Example: Protect and care for babies born with HIV.
- **Governance and coordination**
Example: Generate the political will necessary to incorporate CEDAW into domestic law, and to raise awareness amongst legislators.

Figure H: Unacknowledged recommendations by category



MAPPING GOVERNMENT ACTION TO THE SUSTAINABLE DEVELOPMENT GOALS

The SDGs are underpinned by the idea that gender equality is a necessary foundation for a peaceful, prosperous and sustainable world. By connecting each CEDAW Committee recommendation to the relevant SDGs, we were able to better understand how the CEDAW review process aligns with the SDG targets and where it is helping to improve government accountability on SDG implementation.

Of the 30 countries we reviewed, 10 submitted reports after the SDGs were introduced in 2015. Below are four examples of how CEDAW articles and recommendations link to the SDGs. As demonstrated below, government actions in each SDG group can provide valuable program and policy models for other countries working to progress the SDGs in their own context.

CEDAW Article	CEDAW Committee recommendation	Government action in response to recommendation	SDG	SDG Target
Article 12	Take effective measures to reduce the maternal mortality rate and provide women with access to healthcare facilities, obstetric care and medical assistance by trained personnel including midwives, especially in rural and remote areas	Increase to the number of health centres providing comprehensive reproductive health care from 91 to 111 (Afghanistan)	Goal 3	3.1 – Reduce global maternal mortality
General recommendation 19	Undertake legislative measures criminalising acts of domestic violence, prosecute acts of domestic violence and punish the perpetrators of such acts	Amendments to the Commonwealth Family Law Act 1975 introducing a new definition of family violence, including examples of harmful behaviours such as physical assault, emotional manipulation, economic abuse, and threatening behaviour (Australia)	Goal 5	5.2 - Eliminate violence against women in public and private spheres
General recommendation 19	Encourage women to report incidents of violence against them	Launch of a 24-hour helpline staffed by 25 trained counsellors (Samoa)	Goal 16	16.1 – Reduce all forms of violence and violence-related deaths
General recommendation 12	Undertake studies and/or surveys on the extent of violence and its root causes	Collaboration between the National Commission for the Advancement of Women, the National Bureau of Statistics, and the Ministry of Planning and Investment to conduct studies on violence against women (Laos)	Goal 17	17.18 – Enhance capacity building support to increase available disaggregated data

Key recommendations emerging from this research

REACH

- The CEDAW Committee and UN Member States should work together to identify and address the barriers faced by countries which are not participating in the CEDAW review process after ratifying CEDAW.

SCOPE

- The CEDAW Committee should ensure CEDAW Committee recommendations adequately address barriers to women's leadership and participation and its role in realising the right to health for women.
- The CEDAW Committee should include, where appropriate, timeframes and benchmarks in the framing of recommendations to facilitate government accountability during subsequent reviews.

OUTPUT

- UN Member States should address civil society's concerns regarding the design and implementation of initiatives introduced in response to CEDAW Committee recommendations.
- UN Member States should ensure programs to promote women's empowerment and agency are adequately resourced and meet the needs of women facing intersectional discrimination.
- The CEDAW Committee should align CEDAW Committee recommendations with the Sustainable Development Goals (SDGs) to ensure their mutual reinforcement and to strengthen CEDAW as a mechanism for SDG accountability.

OUTCOMES

- The CEDAW Committee, UN Member States and civil society organisations should address, through effective processes of follow-up, the high proportion of CEDAW Committee recommendations that remain unacknowledged or not implemented by countries, in particular in relation to law reform, access to justice, and health systems strengthening initiatives.

How these findings can be used

This research provides unique insights into how governments in the Asia-Pacific conceptualise and design interventions to improve women's health, based on the guidance offered by the CEDAW Committee.

Specifically, this work provides the CEDAW Committee, governments, human rights advocates and global health researchers with:

- a bank of laws, policies and programs that can act as a guide for designing effective legislation in other countries;
- an up-to-date analysis of the strengths, weaknesses and implementation gaps specific to the Asia-Pacific region; and
- authoritative guidance on how areas of action and inaction related to the CEDAW review system contribute to health inequities and influence progress towards achieving the SDGs.

In addition, these findings will help to facilitate a constructive dialogue outside of CEDAW's four-yearly reviews. This will support the voluntary contributions of the CEDAW Committee and the many actors working to advance women's health and improve the efficiency and effectiveness of the UN machinery, particularly agencies involved in strengthening the human rights of women. The outcomes of this research will also encourage multidisciplinary global health researchers to engage in this constructive dialogue and develop human rights solutions capable of addressing health inequities faced by women.



Our next steps

We are developing a global database using our work in the Asia-Pacific region as a blueprint. Using these data, we aim to extend the reach of the CEDAW Implementation Map to every region of the world.

We will explore five thematic areas including:

1. SUSTAINABLE DEVELOPMENT GOALS

What is the contribution of CEDAW reviews to the achievement of the SDGs around the world?

2. INTERSECTIONALITY

To what extent does the CEDAW Committee incorporate intersectionality into its conceptualisation of UN Member States' international women's rights obligations, and into its overall recommendations?

What can we, as human rights and global health practitioners and decision makers, do to encourage an intersectional approach to international women's rights implementation globally?

3. HUMAN RIGHTS IMPLEMENTATION DURING HUMANITARIAN CRISES

What low-cost, high-impact interventions have been implemented in crisis settings?

How can the global research community and the CEDAW Committee better support countries experiencing humanitarian crises e.g. tailoring recommendations to countries in lower resourced conditions?

4. GENDER-RESPONSIVENESS OF LEGAL INTERVENTIONS

How gender responsive are legal reforms implemented in response to CEDAW reviews?

5. THE ROLE OF CIVIL SOCIETY IN ENCOURAGING HUMAN RIGHTS IMPLEMENTATION

What is the role of civil society organisations in the CEDAW process? What are the main areas of contention between civil society organisations and government reports e.g. accuracy, government reporting, resourcing issues, reach to marginalised populations etc?

About this report

In response to the urgent need for data-driven analysis to hold governments accountable for women's health and human rights, The George Institute for Global Health and the Australian Human Rights Institute at the University of New South Wales (UNSW) are developing the Convention on the Elimination of All forms of Discrimination against Women (CEDAW) Implementation Map on women's health.



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